

## Asking ‘what it does’ rather than ‘what it is’: the invisibility and opportunity of Taiwan’s role on the global health stage

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## ASKING 'WHAT IT DOES' RATHER THAN 'WHAT IT IS': THE INVISIBILITY AND OPPORTUNITY OF TAIWAN'S ROLE ON THE GLOBAL HEALTH STAGE

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*Written by Kai-Yuan Cheng, Po-Han Lee, Po-Chang Tseng, Yunhung Jordy Tu, Shun-Te Wang.*

In 2017, a study group was formed by some twenty Taiwanese students from diverse disciplinary backgrounds: medicine, epidemiology, law, sociology, politics, and geography. Its overall objective is to understand better what has been referred to as 'global health'. For that, we have been thinking of a difficult yet crucial question: what is global health, and why should we, as Taiwanese citizens, need to study it? In this article we reflect on our motivations and discussions.

We began by reading the text '[Governing Global Health: Who Runs the World and Why?](#)', which compares the activities of different global health actors – intergovernmental and nongovernmental – and their relationships with nation states. Building on this approach, in this article we will draw on the limitations and opportunities for Taiwan to take part in the contemporary global health system.

### **Beyond state-centrism, what can the Taiwanese do?**

We ask – 'How can we make a difference for Taiwan?'. A significant part of our dissatisfaction is concerning Taiwan's invisibility in the contemporary international

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**Dr Chun-Yi Lee**  
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community, due to the conditions of mutually reinforcing ambiguity that its international status and national identity exist under.

Most of us still remember vividly the horrible time during **the outbreak of SARS (Severe Acute Respiratory Syndrome)** in 2003: All of society was terrified. We learned that this disease came from China and, yet, the World Health Organisation (WHO) was unwilling to help us because of **political pressure from China**. The impression of being an isolated island has since grown stronger as Taiwanese people have witnessed multiple rejections from international society on different occasions, at different forums, and regarding different agendas.

Drawing on the different texts we studied, we learned that global health could not be **'truly global'** if it is restricted by state-centrism. That is, global health governance – a model designated to address questions regarding how political and cultural factors have shaped human's relationships with the environment and our health – emerged as a critical response to the need for transforming state-centric cooperation into multi-actor partnerships.

The new model implies new opportunities: Can citizens like us become voice for Taiwan, which is denied representation as a **'sovereign state'**? Approaching global health from this perspective may change the

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destiny of Taiwan of being isolated from world politics, and this can definitely be applied other *global* issues such as climate change. Hence, our next task is to properly capture the complex dynamics between stakeholders and knowledge producers.

## Humanitarian actions need Taiwan, and vice versa

Take humanitarian aid as an example to reimagine a framework that considers and addresses the epistemological gaps between disciplines such as biomedical science, public health, and international policymaking. Normally, humanitarian action participators are driven by moral motivations, putting aside the concerns of governments and the evidence-based aspect of interventions. In this regard, Taiwan is particularly active in engaging in these activities.

Nongovernmental organisations in Taiwan, including research institutions and universities, react with high mobility and efficiency to natural disasters, disease outbreaks, and humanitarian crises around the world. In this respect, such a 'global beyond international' approach is useful. Yet, at times, these actors still lack 'official' information regarding up-to-date health policies and formal relationships with foreign governments **due to their Taiwanese-ness**. This situation has often led

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them to initiate actions separately and avoid representing Taiwan as a state.

With the conceptualisation of *Health for all*, which resonates with the **core value of humanitarianism**, professionals from various societies can contribute to a global health system by filling different gaps. Taiwan's isolation from the system thus affects Taiwanese people's right (if not duty) to get involved, despite their desire for it.

Therefore, to understand global health work and the influence of international relations upon it allows us to rethink Taiwan's relationships with other global health actors: Who can benefit from our knowledge and participation and, in turn, who can help us?

### **A human rights-based global health regime *for all***

Following the human-centric perspective, we also wondered: What roles do human rights play in global health. This question is important in making sense of the WHO's refusal of Taiwan's engagement. Is Taiwan's non-participation potentially **a human rights concern**?

The WHO was established in 1948 in response to the call for international health justice after World War II. However, health 'rights' (liberal conception) and 'equities' (socialist conception) – facing the tension between the First and the Second Worlds

and the emergence of the Third World – were not taken seriously until the Cold War ended. Thus, **General Comment no. 14** made by the UN Committee on Economic, Social and Cultural Rights in 2000 stands at a critical position in history, combining both approaches to the normative foundations of (public) health.

In this context, the exclusion of the Taiwanese people – currently represented by the Republic of China – from the largest world health institutions (e.g. WHO, United Nations) is no longer justifiable.

Nonetheless, the reanimated Cold-War dynamics between China and the US have marginalised the Taiwanese people's needs and voices yet again.

Notwithstanding the omission from the international community, we then turned our attention to the realisation of health justice in domestic society. For an affluent country such as Taiwan, **health inequities** undoubtedly should be subject to scrutiny, which requires further political commitments to a human rights-based approach to health.

### **Think global, act global, and ask global questions!**

After all, global health is concerned with human health beyond nationalities. This perspective has made *global* health different from traditional *international* health; it is

particularly important for health professionals and policymakers who work with displaced and disadvantaged populations.

Take Taiwan's contribution to global mental health as an example. It can be traced back to Dr **Tsung-Yi Lin's** work, who previously directed the WHO's division of mental health and whose legacy includes building up the **International Pilot Study of Schizophrenia** in Taiwan.

The uniqueness of Taiwan lies in that it is the country with the greatest freedom in the Sinophone world, that most of its current habitants (or their ancestors) have been displaced at some stage in history, and that its aboriginal societies are **the origin of Austronesian language – arguably the largest language family in the world**. Dr Arthur Kleinman, a medical anthropologist at Harvard University, **once remarked** on Dr Lin's ambitions, 'He was asking a bigger question: What is similar in mental illness around the world? What is it that we all have in common?'

Thus, global mental health is concerned with the pursuit of the ultimate answer to this great query, which should not be limited to a state-centric focus. Indeed, Taiwan's future in global health affairs depends on whether we could figure out a way towards more equitable health care, given the island's



uniqueness, for both Taiwanese and the globally interconnected populations.

## Epilogue

Any attempt to define 'what global health *is*' can be contested; multiple fuzzy concepts, ideologies, and powerful players across societies prevent easy classification. Those readers who anticipate a unifying conclusion may be disappointed. If one significant characteristic of global health has emerged, it is that it takes various forms.

We thus argue to ask otherwise 'what does, and what can, global health *do*?'. Global health indicates a repertoire encompassing diverse knowledges and praxes, all of which represent a conviction for the improvement of wellbeing for all human fellows. Though utopian, one can also argue that every serious social movement will benefit from such insights developed from this ideal.

*Kai-Yuan Cheng is a PhD student in Psychiatry at University College London. He is also a columnist for Crossing and a visiting scholar at Institute of Sociology, Academia Sinica, Taiwan.*

*Po-Han Lee is currently finalising his PhD research at University of Sussex; he also serves as the editor-in-chief of Plain Law Movement and a contributor to 01 Philosophy and Queerology.*

*Po-Chang Tseng obtained Diploma in Tropical Medicine and Hygiene at Liverpool School of Tropical Medicine and MSc Global Mental Health at London School of Hygiene and Tropical Medicine and King's College London. He is a member of the Medical Anthropology Research Group at Institute of Ethnology, Academia Sinica, Taiwan.*

*Yun-Hung Jordy Tu obtained MSc Immunology of Infectious Diseases at London school of hygiene and tropical medicine. He is one of the consultants of Flyoung International Service at Taipei Medical University and has been organizing humanitarian service for Cambodia school children for 2 years.*

*Shun-Te Wang was trained as a molecular biologist and had involved in some community engagement projects in Taiwan. He later obtained his second MSc of Environment, Politics and Society in University College London. He is also a member of Taiwan Youth Climate Coalition. Photo Credit: [Flickr/DraconionRain](#)*

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